



Putting My House in Order:
Information & Plans Needed
at the Time of Death

For members of
First Presbyterian Church
200 West Trade Street
Charlotte, NC 28202
www.firstpres-charlotte.org

Your Congregational Support Ministry Team here at First Presbyterian Church believes that preparing for death and dying represent good stewardship. So we prepared this booklet for our First Presbyterian family, hoping it will offer a path to peace of mind to you and comfort to those who will grieve when you are gone.

We urge you to:

- Fill in the information while you are well and of sound mind;
- Update the information and keep it timely;
- Place this booklet in a safe, accessible location and let your family know where it is;
- Provide a copy of this document to the person or people closest to you;
- Complete the inserted sheet and return it to the Reverend Katherine Kerr so it can be kept on file to assist your family at the time of your death.

The first section of this booklet is related to planning for your death. The second section, which begins on page 9, is related to handling medical emergencies and could be vital for family and caregivers.

Note to the family: When a member of First Presbyterian Church dies, please contact the church office at 704.332.5123.

Part 1: Planning for Your Death

Full name: _____

Date: _____

Social Security Number: _____

Immediate Contacts in the Event of Your Death

Name: _____

Phone: _____

Relationship: _____

Name: _____

Phone: _____

Relationship: _____

Name: _____

Phone: _____

Relationship: _____

Name: _____

Phone: _____

Relationship: _____

Checklist for Important Documents

Please indicate where each of the documents listed below is located. Provide family members and/or your legal advisor with up-to-date copies of this form.

If a document is not relevant, please write “Does not apply” or “No Record” in the space provided. Don’t leave any item blank. And use this document only to provide the location of the information, not to fill in the information itself.

Birth Certificate _____

Marriage License/Certification _____

Divorce Decree _____

Death Certificate of Spouse _____

Social Security Card _____

Military Service Records _____

Medicare/Medicaid/Insurance Card/Records _____

Living Will (*Instructions for end-of-life health care or advanced medical directives*) _____

Power of Attorney for Health Care _____

Power of Attorney for Financial/Legal/Personal Affairs _____

Health Insurance Policies _____

Nursing Home/Long-Term Care Policies _____

Disability Policies _____

Life/Accidental Death Policies _____

Pension/Retirement Benefits (*including health, disability or death benefits and the organizations distributing them*)

Cemetery Plot or Niche Deed _____

Funeral Insurance Policy _____

Will and/or Trust Documents _____

Tax Records _____

Bank Checking & Savings Account Records _____

Stocks & Bonds Records _____

Brokerage Account Records _____

Certificate of Deposit (CD) Records _____

Other Investment Records _____

Credit Card Records _____

Home Deed & Title _____

Other Real Estate Property, Holdings, Investments _____

Apartment Lease _____

Homeowners or Apartment Insurance Policy _____

Insurance Riders on Personal Property _____

Automobile Titles _____

Auto Insurance Policies _____

Personal Property _____

Appraisals of Special Collections _____

Bank Security Box & Key Location _____

Computer Location & Password _____

Email Service Provider(s) & Password(s)

Other Web Accounts & Passwords

Other _____

Other _____

Other _____

Other _____

Instructions for Burial, Funeral or Memorial Service

(Check all that apply.)

No arrangements made

Details in this document only

Family member

Name: _____

Phone: _____

Funeral Home

Name: _____

Phone: _____

Attorney

Name: _____

Phone: _____

Friend

Name: _____

Phone: _____

If you have a preference for a funeral home or funeral director, please indicate who should be contacted:

Burial Preferences

Casket (*list any preferences if pre-arrangements have not been made*)

Cremation

Donation to medical school (*indicate institution to receive body*)

Other

Burial Location

Cemetery (*name and location*)

Has plot been purchased? __ Yes __ No

If yes, plot location or other details _____

- Interment of ashes in First Presbyterian columbarium
Has niche been purchased? __ Yes __ No

If yes, niche location _____

Other arrangements (*please specify*)

Type of service preferred

- Memorial Service
 Funeral Service
 Service of Committal (graveside only)

Location of Memorial or Funeral Service

- First Presbyterian Church Sanctuary
 First Presbyterian Church Chapel
 Other: _____

Request for specific scriptures in the service

Request for specific music in the service (*including special instruments or vocal selections*)

Hymn selections

Other service requests

List of pall bearers

Do you wish any military or fraternal rites following the service?

Yes No

If yes, please specify military service information

Wishes regarding memorial gifts *(check all that apply)*

Memorial contributions to First Presbyterian Church

Contributions to First Presbyterian Church for the following specific need or fund _____

Contributions to the following charities _____

Obituary Information

Check here if written on additional paper; please staple to this form

Authorization

I understand that the instructions on this form are not legally binding and may be altered at my written request. I also understand that my requests and wishes will be honored within the guidelines established by the Book of Order (Presbyterian Church USA) and any policies in force established by the Session of First Presbyterian Church.

Signature: _____

Date: _____

Part 2: Being Prepared for Medical Emergencies

In Case of Medical Emergency

Name of Primary Care Physician: _____

Phone: _____

What hospital should you be carried to: _____

Contact for an Up-to-Date List of Your Prescription Medications

Name: _____

Phone: _____

Relationship: _____

Healthcare Insurance Provider(s)

Company: _____

Phone: _____

Policy Number: _____

Company: _____

Phone: _____

Policy Number: _____

List other physicians and their specialty areas (*cardiologist, oncologist, surgeon, etc.*)

Name: _____

Specialty: _____

Phone: _____

Name: _____

Specialty: _____

Phone: _____

Name: _____

Specialty: _____

Phone: _____

Name: _____

Specialty: _____

Phone: _____

Name: _____

Specialty: _____

Phone: _____

Name: _____

Specialty: _____

Phone: _____

What clinics or hospitals would have files about your health conditions and previous treatments? *(Include urgent care facilities, VA hospitals, specialized treatment centers, etc.)*

If you have a living will or other written medical directives, where is it located or who has access to a copy? _____

Who have you designated as your Health Care Power of Attorney? _____

If you have made legal arrangements to be an organ donor, where are your instructions located? _____

List the pharmacy or pharmacies that dispense your prescriptions:

Thank you for taking the time to provide information that should not only be a comfort to your loved ones at the time of your death or serious illness, but should also enable us to carry out your wishes to create a meaningful experience for your loved ones and your church family.

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